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ahfmr 2003

Alberta Heritage Foundation for Medical Research

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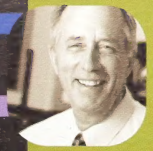
ahfmr 2003

COLLABORATIVE RESEARCH STRENGTH TO EXPLORE NEW HORIZONS



Forget the styrofoam ball and toothpick models you built in high school to show the structure of simple molecules. Today's scientists are interested in complex molecules like proteins, which are made up of thousands of atoms. Discovering what they look like requires a specialized instrument...and there isn't one in Canada. At least there won't be until 2004, when the Canadian Light Source, Canada's only synchrotron, will open in Saskatoon. This $150-million facility will use powerful light beams to probe the structure of materials down to the atomic level. The Alberta Synchrotron Institute (ASI) will coordinate provincial use of the national facility. AHFMR funding of $3 million will ensure that Alberta researchers have quick access. "Without a Canadian synchrotron, we've had to go with cap in hand asking for access to synchrotrons around the world," says Dr. Michael James, ASI scientific director. Researchers will use the Canadian Light Source to determine the structure of proteins and other large molecules, information that is critical for designing new drugs and vaccines. There are many other applications – including geology, oil and gas, plant science, and medical imaging for cancer treatment.

Photos from top: Drs Michael James,

Dear friends,

On behalf of the Board of Trustees and staff of the Alberta Heritage Foundation for Medical Research, we are pleased to offer you our Triennial Report for 1999-2002 in a 2003 calendar. As 2003 passes, we hope that the pages of our calendar will illustrate the type and range of AHFMR's support of health research activity provincially.

What is the result of investing $700 million in top-notch health research for a span of more than 20 years? The answer is in the headlines you see in your daily paper, the breaking news on TV, and the news stories on the radio. More importantly, it's the new cancer therapy your neighbour is undergoing, the device your aunt received to help her walk, or the opportunity your co-worker's daughter has to study with a world renowned researcher. The Alberta Heritage Foundation for Medical Research (AHFMR) is our province's investment in tomorrow. AHFMR's long-term support of health research—from the laboratory to the bedside, from the classroom to the community—is our stake in better health.

The Alberta Heritage Foundation for Medical Research is a made-in-Alberta success story. Created as an independent agency by the provincial government in 1979 with $300 million, and working with our Alberta universities and regional health authorities, AHFMR develops and supports health research in our province using the highest standards of excellence. Over the span of two decades international, national and provincial reviews of AHFMR are unanimous: AHFMR is an idea that works.

We are fortunate to live in Alberta. We are also fortunate that a vision of a better tomorrow is shared and acted upon by our leaders through the support of research in many fields and disciplines. Beginning with a vision more than a quarter of a century ago, AHFMR is showing the world an exciting reality, that long-term commitments to health research are key in advancing knowledge and building better health.

With best wishes for a healthy 2003.

I-r: Dr. Daniel Lai and Mrs. Woo

RESEARCH IN THE POPULATION

Fact or fiction? Chinese seniors are well cared for by the younger generation. It's a myth, says gerontologist Dr. Daniel Lai. "Between work, social activities and raising their own children, adult children in the Chinese community are having a tough time balancing their lives. When you add in looking after aging parents, life gets really complicated." In a two-year Health Research Fund study, Dr. Lai is looking at how Chinese seniors in Calgary are coping with aging, and how their families are coping as caregivers. His work is part of a wider effort to search for culturally appropriate modes of service delivery for our aging population. "In the past, the focus on service was health. Social factors didn't merit attention," says Dr. Lai. "But health is more than the absence of disease. Social and environmental factors directly and indirectly affect wellness. Our Baby Boomer population is culturally diverse and this will soon be reflected in our senior population. We need to understand the issues in providing care to various cultural groups." □

MAY

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APRIL

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l-r: Dr. Carole Estabrooks and Dr. Janice Lander

COLLABORATION/LEVERAGING IN RESEARCH

When medical research makes a discovery, we all reap the benefits...right? Not necessarily. For example, despite decades of research into pain management, it is notoriously difficult to get medical staff to use the latest advances when caring for patients. That's not surprising, says knowledge transfer researcher Dr. Janice Lander. "We like to think that if a study says something, we all do it. But in reality, this kind of direct transfer is very uncommon. Knowledge transfer is not straightforward, it is influenced by many factors. Understanding the ways in which knowledge is transferred is critical to ensuring that research gets off the shelf and put into practice." Dr. Lander is the director of the Centre for Knowledge Transfer, an Alberta-based multidisciplinary institute that brings together students and researchers from four universities along with healthcare policy makers from three provinces. (AHFMR is a key funding partner, along with Canadian Institutes for Health Research and Canadian Health Services Research Foundation.) The centre trains researchers and graduate students in knowledge transfer. The goal is to develop the next generation of researchers whose job will be "putting knowledge to work". □

APRIL

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Patricia Pelton at the Syncrude site in Fort McMurray

ASSESSING HEALTH TECHNOLOGIES

Should we buy the medical equipment required to perform a state-of-the-art surgical procedure? What is the optimal method for monitoring air quality? Decisions like these face the administration at Alberta's regional health authorities every day, says Patricia Pelton, CEO of northeastern Alberta's Northern Lights Regional Health Authority. "We can't say yes to everything – we'd go bankrupt. We can't say no to everything – we'd never progress. Regional health authorities need a way to deal with these questions." While Northern Lights has a formal process to investigate new technology, like many health authorities it doesn't have the resources to complete a full evaluation – a process called health technology assessment. AHFMR's Health Technology Assessment (HTA) Unit works closely with health authorities, helping them integrate applied health technology assessment into their operations and budgeting.

"AHFMR's HTA Unit is an important resource," adds Ms. Pelton. "Working with the Unit gives us confidence that our decisions have been informed by the best evidence and that we've invested our healthcare dollars wisely and with due diligence." □

MARCH

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St. Patrick's Day

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Dr. Rob Wedel in his waiting room in Taber

BUILDING RESEARCH CAPACITY

Family physician Dr. Robert Wedel and his healthcare colleagues in the southern Alberta town of Taber share an innovative vision. They foresee multidisciplinary teams – doctors, nurse practitioners, public health nurses, homecare nurses, respiratory technicians and more – looking after patients together.

"We all had ideas about teamwork, but had never been able to implement the change." Enter SEARCH (Swift Efficient Application of Research in Community Health), an AHFMR partnership program to train people in applied health research. Dr. Wedel entered the program in 1998. His group research project developed an integrated approach to providing primary care, including an alternative payment plan for physicians, a local decision-making structure, and computerized patient records. Calling it a success would be an understatement. Before the new team system, healthy babies in the area averaged 11 doctor/public health visits in the first year of life. With the team approach, the number of visits is down to seven. By locating health educators at the clinic, enrollment has soared. There are now almost triple the number of patients in the diabetes education program. Says Dr. Wedel: "We couldn't have done it without SEARCH." □

FEBRUARY

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Valentine's Day

Family Day

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Dr. Terry Klassen with two young patients

EMERGING QUESTIONS IN HEALTH RESEARCH

A sick child, anxious parents, a decision on treatment needed quickly. What's the best thing to do? Pediatrician Dr. Terry Klassen is interested in more than the decision and the patient outcome – he also wants to understand the basis on which these decisions are made. "I'm interested in the use of research evidence in healthcare decisions. The findings from health research should not sit on the shelf. They should impact health-care so that we concentrate on doing things that work." Determining which things work – drugs, medical procedures or health-related policies – is the focus of the Alberta Research Centre for Child Health Evidence, which is led by Dr. Klassen. In 2002, it was chosen as one of 13 North American evidence-based practice centers by the US Agency for Healthcare Research and Quality. One of the centre's current projects is an AHFMR-funded review of computer-based delivery of health evidence. "It's fine to say we should use research evidence, but how do we bring evidence into the system?" asks Dr. Klassen. "Computers are an obvious tool – we're looking at how best to use them."

JANUARY

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New Year's Day

DECEMBER 02

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l-r: Breanne Everett, Dr. Linda Cook, Caitlin Hicks

RESEARCH MENTORSHIP

Breanne Everett and Caitlin Hicks have worked together on science fair projects since Grade 7. Now, the first-year university students are involved in a breast cancer research study that began as one of their high school projects. AHFMR's Heritage Youth Research Summer Program (HYRS), a six-week research experience for Grade 11 students, helped move the project forward. (Breanne participated in the program. Caitlin was involved in the research but not HYRS.) Working at the University of Calgary and the Alberta Cancer Board under the direction of Drs. Penny Brasher and Linda Cook, they reanalyzed the results from their initial project, which had identified a link between breast cancer and fingerprint patterns. The scientists felt the results merited closer study and successfully applied for a grant from the Canadian Breast Cancer Research Initiative to further investigate the link. Breanne and Caitlin are part of the research team and have been involved in all aspects of the research. While at university – they're both in biochemistry – they continue to help with data analysis. "I've always been interested in science, but never really considered it a career option before this," says Breanne. "This amazing research experience really expanded my horizons." □

PEOPLE AND PROGRAMS FEATURED IN THIS CALENDAR

U of A University of Alberta
U of C University of Calgary
U of L University of Lethbridge

For all information about the range of AHFMR programs and activities, please see the programs and Financial Highlights 1999-2002 in the middle of this calendar or visit our web site at www.ahfmr.ab.ca. For a copy of AHFMR's full consolidated financial statements sent to you free please use the contact information on the back cover of this calendar.

Dr. Michael James has received Heritage support for more than 20 years and is a Professor, Department of Biochemistry, Faculty of Medicine and Dentistry, U of A. Dr. Steve Mosimann is an AHFMR Scholar and Assistant Professor, Department of Chemistry & Biochemistry, Faculty of Arts and Science, U of L. Dr. Hans Vogel is an AHFMR Scientist and Professor, Department of Biological Sciences, Faculty of Science, U of C.

JANUARY

Dr. Linda Cook is an AHFMR Health Scholar and Assistant Professor in the Department of Community Health Sciences, Faculty of Medicine, University of Calgary. Breanne Elliott was a 2001 Heritage Youth Researcher (HYRS) participant. Caitlin Hicks was Breanne's Science Fair partner.

FEBRUARY

Dr. Terry Klassen is a Professor and Chairman, Department of Pediatrics, Faculty of Medicine and Dentistry, U of A. He received funding from AHFMR's State of the Science program to provide a current review of computer-based delivery of health evidence to practitioners.

MARCH

Dr. Rob Wedel, a participant in AHFMR's SEARCH II program, along with project colleagues Janet Lapins and Eileen Patterson, initiated a three-year project in the Taber region to test a team approach for providing comprehensive primary health care. The project's completion date is 2003.

APRIL

Patricia Pelton is CEO of the Northern Lights Health Region and works closely with AHFMR's Health Technology Assessment Unit to integrate HTA's assessment results into the decision-making about health care in her region.

MAY

Dr. Carole Estabrooks is an AHFMR Population Health Investigator and Associate Professor, Faculty of Nursing, U of A. Dr. Janice Lander is a recipient of an AHFMR Opportunity Fund award and Professor, Faculty of Nursing, U of A.

JUNE

Dr. Daniel Lai received a Health Research Fund award for his study on care giving for Chinese elders in Calgary. He is an Associate Professor, Faculty of Social Work, U of C.

JULY

Dr. Cy Frank is an AHFMR Scientist, the top rank of AHFMR support. He has been supported by AHFMR for 20 years. Dr. Frank is also the Scientific Director of the Canadian Institutes for Health Research (CIHR) for Musculoskeletal Health and Arthritis. He is a Professor in the Department of Surgery, Faculty of Medicine, U of C.

AUGUST

Dr. Paul Kubes is also a Heritage Scientist and a Professor in the Department of Physiology and Biophysics, Faculty of Medicine, U of C.

SEPTEMBER

AHFMR's Challenge Offer was announced in 2000 in order to help launch major building campaigns for new health research facilities at the University of Alberta, University of Calgary and University of Lethbridge. The Challenge Offer will invest up to 20% of allowable building costs or up to $45 million, whichever is less, for the total costs for the building projects at the three universities.

OCTOBER

Dr. Paul Armstrong is a Professor in the Department of Medicine's Division of Cardiology, Faculty of Medicine and Dentistry, U of A. Dr. Robert Sheldon is a Professor in the Division of Cardiology, Faculty of Medicine at the U of C. Dr. Colleen Norris, one of 14 trainees in the TORCH program, is a post-doctoral fellow at the U of A. The TORCH Program is a Strategic Initiative in Health Research, launched by the Canadian Institutes of Health Research CIHR) in 2002, along with project partners AHFMR and Heart and Stroke Foundation of Canada. CIHR contributed $1.6 million towards the project.

NOVEMBER

AHFMR has invested more than $18.5 million in provincial diabetes-related research over the past 22 years. The success of the Edmonton Protocol was based on more than 20 years of basic biomedical research by a team of scientists and clinicians led by Dr. Ray Rajotte. Dr. Rajotte has received AHFMR support in the past and is a Professor, Surgical Medical Research Institute, Faculty of Medicine and Dentistry, U of A.

DECEMBER

Joann Priestley was an AHFMR Technology Commercialization Intern at the U of C's University Technologies International (UTI) office. Joann, who has a BSc in Cell Biology from the U of C, now works for SemBioSys, a Calgary based pharmaceutical development company. She plays front row as a prop for the Saints Rugby Club.

For further information on any of the above people or programs, please go to our web site at www.ahfmr.ab.ca and use the "Search our Site" function.

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JUNE

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Dr. Cy Frank and members of the University of Calgary track team

SUPPORTING RESEARCH EXCELLENCE OVER THE LONG TERM

"The reason we do research is to make a difference in people's lives." Dr. Cy Frank speaks from experience. The renowned Alberta knee surgeon is also known for his pioneering research into ligament healing and repair – the results of which have been used worldwide to improve outcomes for patients. He was recently named Scientific Director of the CIHR Institute for Musculoskeletal Health and Arthritis. Dr. Frank collaborates with a team of multidisciplinary researchers at the University of Calgary's McCaig Centre for Joint Injury and Arthritis Research. AHFMR has played a critical role in developing the group – funding scientists, fellows and students since 1991. In 2001, Dr. Frank was recognized by AHFMR for 20 years of continuous funding. "The outlook for patients with joint injuries is much better now that it was even five years ago. We're moving to an age of science in the treatment of bones and joints. Long-term support from AHFMR has been the foundation for our research. Without it, we could not have assembled this team, made breakthroughs in basic research, or had success in applying new knowledge to treating patients." □

JULY

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Canada Day

JUNE

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Dr. Paul Kubes and family

RESEARCH PRIZE

Whenever there's an infection, white blood cells are our first line of defence. Problem is, they don't always work. Sometimes white blood cells can't latch onto the germs they should destroy. Other times, they are too active and damage organs they should protect. How white cells make these life-altering decisions fascinates immunologist Dr. Paul Kubes. Since coming to the University of Calgary 11 years ago, he has devoted himself to understanding this process. His ground-breaking research is recognized worldwide...a wonderful accomplishment but also a problem. Researchers like Dr. Kubes are in high demand. Institutions around the world are eager to woo them away from Alberta with attractive salary offers. For AHFMR-supported investigators, part of the solution is the AHFMR Research Prize, which recognizes their research accomplishments with an annual award of money, the amount of which is dependent on their current category of AHFMR funding. "AHFMR support was the reason I came here in the first place," says Dr. Kubes, "and three years ago when a competitive offer came in, the Research Prize kept me here." □

AUGUST

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JULY

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Dr. Bill Cade outside the University of Lethbridge's Canadian Centre for Behavioural Neuroscience

CHALLENGE OFFER

In 2000, AHFMR anticipated the health research space crunch at the Universities of Alberta, Calgary and Lethbridge and made the institutions an offer they couldn't refuse. Through the Challenge Offer, AHFMR has offered up to $45 million to the Universities of Alberta, Calgary, and Lethbridge to help match some of the dollars needed to build new health research facilities. The University of Lethbridge was first to invoice the Foundation for $1.65 million. In 2001, the Canadian Centre for Behavioural Neuroscience (CCBN) opened on the University of Lethbridge campus. University of Lethbridge President Dr. Bill Cade says, "The Heritage promise was the galvanizing factor in helping us leverage funding. We now have a superb building to house our Department of Psychology and Neuroscience. Research taking place within the CCBN has direct implications for the treatment of stroke, head trauma, and various other neurological diseases. These include multiple sclerosis, Parkinson's and Alzheimer's diseases, and fetal alcohol effects, among others. This facility is part of a future that we know will continue to be filled with opportunities for our students, faculty members and for the community." □

SEPTEMBER

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l-r: Dr. Paul Armstrong, Dr. Colleen Norris, Dr. Robert Sheldon

TOMORROW'S RESEARCHERS

With a nursing degree, a PhD in epidemiology and a job as a researcher, the last thing you'd expect Dr. Colleen Norris to be doing is going to school. But this school is unique – an innovative Alberta-based training program called TORCH (Tomorrow's Research Cardiovascular Health Professionals). It addresses the severe shortage of cardiovascular researchers in Canada. AHFMR will contribute up to $900,000 for the program which was launched in March 2002 by the Canadian Institutes of Health Research, and is led by Alberta cardiologists Drs. Paul Armstrong and Robert Sheldon. TORCH is open to a wide variety of health professionals including physicians, nurses, basic scientists and other paramedical personnel committed to translational research. "We have an opportunity to boost the number of cardiovascular researchers and train them in a truly transdisciplinary environment," says Dr. Armstrong. "This is the way of the future – TORCH trainees collaborate with people from many different disciplines. There's a synergy here that will emphasize translating research discoveries into better patient care." That's what inspired Dr. Norris to take this unique training opportunity: "I'm excited about the potential through TORCH to better understand nursing's role in improving outcomes for patients with cardiovascular disease." □

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OCTOBER

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Thanksgiving

Back to
Standard Time

SEPTEMBER

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Dr. Ray Rajotte (l) and Mr. Bob Teskey in the Fairmont Hotel MacDonald's Empire Ballroom

MAJOR RESEARCH ACHIEVEMENT

For Edmonton lawyer Bob Teskey, the Edmonton Protocol is "nothing short of a personal miracle". An insulin-dependent diabetic for almost 40 years – who's had more than 40,000 insulin injections – Bob has not needed insulin since receiving islet cell transplants in 1999, a procedure developed by University of Alberta researchers. "I've been given a normal life thanks to the vision and hard work of many people. I'm exceedingly proud to be an Albertan." Dr. Ray Rajotte can only smile. Back in 1983, when he first received funding from AHFMR, finding an effective treatment for diabetes was only a dream. But the young biomedical engineer had an idea, and began to assemble a team of scientists and surgeons to work together on islet transplantation. "AHFMR supported our team from the beginning – through the years of basic research, the earlier clinical trials in 1989, to our recent triumph." The Edmonton Protocol is now in clinical trials in many centres throughout the world. Expect more breakthroughs – a world-class diabetes institute is now under construction in Edmonton. It will bring together researchers from many disciplines, creating a "one-stop shop" for diabetic patients. □

NOVEMBER

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Remembrance Day

OCTOBER

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l-r: Tammy Durham, Leigh-Ann Swayne, Joann Priestley, Kim Ellis and Kristen Gehlen

RESEARCH TRANSFER

With a university education combining molecular biology and business, Joann Priestley always thought she'd try to merge the two into a career. But when she hit the job market upon graduation, Joann found herself slotted into a science stream. Not any more. After participating in AHFMR's Technology Commercialization Internship program, Joann has launched a career in technology commercialization, an area that bridges science and business. Her internship was done at UTI Inc., a company owned by the University of Calgary with the mandate to move technology from an academic to a business environment. UTI proved to be fertile training ground for Joann, providing experience in all aspects of technology commercialization. She now works at SemBioSys Genetics Inc., a Calgary-based pharmaceutical development company, where she is responsible for maintaining, preparing and negotiating a wide range of intellectual property agreements. "The internship was extremely valuable," says Joann. "It gave me enough experience – and the range of experience – so I could enter the field without needing further training from my employer. I wouldn't have come this far this quickly without it."

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JANUARY 04

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